# Assisting the School in Responding to a Suicide Death: What Every Psychiatrist Should Know

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**KEYWORDS**

• School-based mental health • Suicide • Postvention • Suicide contagion

**KEY POINTS**

- Suicide among school-age children has significant effects on the student population.
- Evidence-based suicide postvention guidelines are available to help guide schools following a student suicide.
- Child psychiatrists and mental health clinicians can play a variety of roles in the postvention process and can aid schools in a variety of ways through a well-thought-out response (ie, understanding grief reactions based on developmental levels, creating a crisis response team, advising schools on how to speak with the media).
- Providing suicide postvention following a student suicide is also a part of suicide prevention programming in schools.

Suicide is the second leading cause of death among young people between the ages of 15 and 19.[1] In 2016, 2439 children between the ages of 13 and 19 died by suicide,[2] and approximately 8% of high school students report making suicide attempts each year.[3] Additional concerns involve those students who are bereaved following a student suicide. Andriessen and colleagues[4] reported that past year prevalence of exposure to suicide among adolescents was approximately 4% and lifetime prevalence was approximately 21% (with suicide being more likely by a peer than a family member). The number of people impacted by each suicide ranges from 10 to 147, with 1 in 5 reporting devastating effects or major life disruption[5]; moreover, exposure to a

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suicide increases vulnerability to mental health issues, such as depression[6] and risk of suicide.[7]

A school is well positioned to provide support for students in the aftermath of a suicide. First, schools provide a familiar environment where students can continue to learn and thrive amid routines and people they know well. Second, school-based clinicians can provide mental health screening and targeted support to vulnerable youth to contain additional adverse outcomes, including the rare, but potentially lethal phenomenon of suicide contagion. Third, by promoting psychoeducation and open dialogues, schools can combat the stigma and shame that too often surround mental illness and suicide. Fourth, schools can offer frequent contact with individuals who are struggling with common trauma-related reactions (eg, ruminating on a "missed" opportunity to avert the suicide, feeling unsure how to respond, or feeling guilty for moving forward after a suicide). Finally, schools also have the unique opportunity to help scaffold the community (both school and town/city) to promote a wider healing after the tragedy of a school suicide.

Typically, a response to a student suicide is handled by the school mental health staff available in the local school district. However, the school may also consider reaching out to local child psychiatrists who can meaningfully and uniquely contribute to the healing process. Child psychiatrists may be contacted to assist with the initial crisis response, provide day-to-day guidance in the weeks after the death, and/or to gauge long-term progress. Having access to available resources and understanding the "dos and don'ts" of how to respond to a student suicide eases the navigation of an innately challenging situation. As champions of health and well-being for youth, child psychiatrists can serve as advocates for their communities to advance suicide prevention and promote healthier schools.

Having a coordinated plan to help students in the aftermath of suicide will lead to a faster recovery and return to precrisis academic and emotional functioning. When schools are not able to implement a postvention plan, there is risk for increase in psychological difficulties, disciplinary referrals, absences, and subsequently, a negative impact on the learning environment.[8] Emerging evidence provides clarity for specific steps to take during the immediate days, weeks, and months after a student suicide. There are a variety of online resources that schools might find helpful, including state-specific suicide prevention plans at the Suicide Prevention Resource Center (SPRC) Web site (http://www.sprc.org/states) and Substance Abuse and Mental Health Services Administration's Preventing Suicide: A Toolkit for High Schools, which provide an excellent starting place for developing a comprehensive approach to suicide prevention as well as response to a student suicide. Using these resources and examining the literature, what follows is a guide highlighting the elements of the school response to student suicide intersecting with the role of the child psychiatrist.

## RESPONDING TO A SCHOOL SUICIDE: A TIMELINE

*Postvention* is the term used to describe the interventions implemented following a school crisis. More specifically, the term *suicide postvention* is defined as "activities developed by, with or for suicide survivors in order to facilitate recovery after suicide and to prevent adverse outcomes including suicidal behavior."[9] Recommendations encompass both the procedures of responding to a suicide and the mental health interventions that are warranted and invaluable in the days to months that follow. Just as grief unfolds over time, it is natural for a school community to experience an evolving process after the tragic loss of a student. As such, conceptualizing a school response via a chronologic timeline is helpful in providing a roadmap and also detailing a staged